

**Montana Medicaid - Fee Schedule**  
**School-Based Health Services**  
**July 1, 2006**

**Definitions:**

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

**Description** – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee; not determined using RBRVS payment schedule

**Medicare:** Medicare-prevailing fee.

**By Report (BR):** Equals 46% of billed charges

**RBRVS:** Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

**Policy Adjuster** - M = Maternity, P = Mental Health, D = Profess. Differential

**Fees**

School-based providers receive 90% of the calculated RBRVS fee.

Effective October 1, 2005, this fee was adjusted to reimburse the services at the federal matching assistance percentage (FMAP) rate of 70.54%.

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space** - this indicator does not apply to this code

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| Proc  | Mod | Description                   | Effective | Method    | FMAP<br>Fees | PA | Policy<br>Adjust |
|-------|-----|-------------------------------|-----------|-----------|--------------|----|------------------|
| H0036 |     | COMM PSY FACE-FACE PER 15 MIN | 9/1/2005  | FEE SCHED | \$25.09      |    |                  |
| T1000 |     | PRIVATE DUTY/INDEPENDENT NSG  | 8/1/2005  | FEE SCHED | \$5.66       | Y  |                  |
| T1019 |     | PERSONAL CARE SER PER 15 MIN  | 7/1/2005  | FEE SCHED | \$3.80       |    |                  |
| T2003 |     | N-ET; ENCOUNTER/TRIP          | 1/1/2004  | FEE SCHED | \$5.20       |    |                  |
| V5266 |     | BATTERY FOR HEARING DEVICE    | 1/1/2004  | BY REPORT | \$0.00       |    |                  |
| 90804 |     | PSYTX, OFFICE, 20-30 MIN      | 7/1/2006  | RBRVS     | \$49.72      |    | P                |
| 90853 |     | GROUP PSYCHOTHERAPY           | 7/1/2006  | RBRVS     | \$24.39      |    | P                |
| 92506 |     | SPEECH/HEARING EVALUATION     | 7/1/2006  | RBRVS     | \$83.72      |    | D                |
| 92507 |     | SPEECH/HEARING THERAPY        | 7/1/2006  | RBRVS     | \$40.06      |    | D                |
| 92508 |     | SPEECH/HEARING THERAPY        | 7/1/2006  | RBRVS     | \$18.99      |    | D                |
| 92557 |     | COMPREHENSIVE HEARING TEST    | 7/1/2006  | RBRVS     | \$30.24      |    | D                |
| 92567 |     | TYMPANOMETRY                  | 7/1/2006  | RBRVS     | \$13.40      |    | D                |
| 92587 |     | EVOKED AUDITORY TEST          | 7/1/2006  | RBRVS     | \$37.89      |    | D                |
| 92587 | TC  | EVOKED AUDITORY TEST          | 7/1/2006  | RBRVS     | \$32.74      |    | D                |
| 92587 | 26  | EVOKED AUDITORY TEST          | 7/1/2006  | RBRVS     | \$5.15       |    | D                |
| 96101 |     | PSYCHO TESTING BY PSYCH/PHYS  | 7/1/2006  | RBRVS     | \$72.46      |    |                  |
| 97001 |     | PT EVALUATION                 | 7/1/2006  | RBRVS     | \$51.02      |    | D                |
| 97002 |     | PT RE-EVALUATION              | 7/1/2006  | RBRVS     | \$26.86      |    | D                |
| 97003 |     | OT EVALUATION                 | 7/1/2006  | RBRVS     | \$54.25      |    | D                |
| 97004 |     | OT RE-EVALUATION              | 7/1/2006  | RBRVS     | \$32.16      |    | D                |
| 97150 |     | GROUP THERAPEUTIC PROCEDURES  | 7/1/2006  | RBRVS     | \$11.70      |    | D                |
| 97530 |     | THERAPEUTIC ACTIVITIES        | 7/1/2006  | RBRVS     | \$19.53      |    | D                |